PLACE OF BIRTH	ARIZONA STAT	TE BOARD OF HEALT
County of Alla	BUREAU OF VITAL ST	FATISTICS State Index No.
District of	ORIGINAL CERTIFICAT	E OF BIRTH Co. Register No.
Town of Globe	,	Local Registrar's No.
or City of	· (Noa	St;\
FULL NAME OF CHILD	sveg lambert	Branksic & Born }
If child is not named, make Supplem	Number	Date of Nat 10
Child Male Twin, Triplet or other	and in order of birth	Birth (Month) (Day)
Full Roy Van	Full Maiden Name	Nellie Branhan
Residence	Residence	alobe
Color Age a Birt	t last 7 Color or Race (Years)	White Age at last 2 (Ye
Birthplace ?	Birthplace	Maunee Michig
Occupation	Occupatio	Laborer /
Number of child of this mother.	children, of this mother, now living.	Were precautions taken against Ophthalmia neonatorum?
CERTIFICA	TE OF ATTENDING PHYSIC	IAN OR MIDWIFE*
I hereby certify that I attended the bi		Marka 4 WM
*When there is no attending ph cian or midwife, then the househol should make this return.		CM adams
Given or christian name added fr	om a	ress alobe arison
supplemental report1	91 Filed 140 2 3 1917	LOCAL REGISTS
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